

# **EXHIBIT 602.4**

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-116 (REV 1/04)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT --- FIRST (Given) <b>DANIEL</b>		3. LAST (Family) <b>MCCORNACK</b>	
2. MIDDLE <b>ELWIN</b>			
4. DATE OF BIRTH mm/dd/ccyy <b>02/15/1963</b>		5. AGE Yrs. <b>45</b>	
6. SEX <b>M</b>			
7. DATE OF DEATH mm/dd/ccyy <b>03/23/2008</b>		8. HOUR (24 Hours) <b>0052</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>555-51-7837</b>	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) <b>MARRIED</b>	
13. EDUCATION --- Highest Level/Degree (see worksheet on back) <b>HS GRADUATE</b>		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE --- Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>			
17. USUAL OCCUPATION --- Type of work for most of life. DO NOT USE RETIRED <b>PLANT MANAGER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>CHEMICAL MANUFACTURE</b>	
19. YEARS IN OCCUPATION <b>25</b>			
20. DECEDENT'S RESIDENCE (Street and number or location) <b>6255 PEACHY CANYON RD.</b>			
21. CITY <b>PASO ROBLES</b>		22. COUNTY/PROVINCE <b>SAN LUIS OBISPO</b>	
23. ZIP CODE <b>93446</b>		24. YEARS IN COUNTY <b>45</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>KATHY MCCORNACK, WIFE</b>		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>6255 PEACHY CANYON RD., PASO ROBLES, CA 93446</b>	
28. NAME OF SURVIVING SPOUSE --- FIRST <b>KATHY</b>		29. MIDDLE <b>MARIE</b>	
30. LAST (Maiden Name) <b>ESPARZA</b>			
31. NAME OF FATHER --- FIRST <b>RALPH</b>		32. MIDDLE <b>MICHAEL</b>	
33. LAST <b>MCCORNACK</b>		34. BIRTH STATE <b>CA</b>	
35. NAME OF MOTHER --- FIRST <b>LINDA</b>		36. MIDDLE <b>EILEEN</b>	
37. LAST (Maiden) <b>HIRSCHLER</b>		38. BIRTH STATE <b>CA</b>	
39. DISPOSITION DATE mm/dd/ccyy <b>03/28/2008</b>		40. PLACE OF FINAL DISPOSITION <b>PASO ROBLES DISTRICT CEMETERY 45 NACIMIENTO LAKE DR., PASO ROBLES, CA 93446</b>	
41. TYPE OF DISPOSITION(S) <b>BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
43. LICENSE NUMBER <b>-</b>			
44. NAME OF FUNERAL ESTABLISHMENT <b>KUEHL-NICOLAY FUNERALS AND CREM</b>		45. LICENSE NUMBER <b>FD68</b>	
46. SIGNATURE OF LOCAL REGISTRAR <b>POKI NAMKUNG, M.D.</b>		47. DATE mm/dd/ccyy <b>03/27/2008</b>	
101. PLACE OF DEATH <b>CAMP SITE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
103. CITY <b>FELTON</b>			
104. COUNTY <b>SANTA CRUZ</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>4770 SITE 1 HIGHWAY 9</b>	
106. CITY <b>FELTON</b>			
107. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) <b>CARDIAC ARREST</b> (B) <b>VENTRICULAR ARRHYTHMIA</b> (C) <b>ATRIAL FIBRILLATION</b> (D) <b>HYPERTENSIVE AND ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</b>		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER <b>08-02790</b>	
109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>EXOGENOUS OBESITY</b>			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive (A) mm/dd/ccyy (B) mm/dd/ccyy			
115. SIGNATURE AND TITLE OF CERTIFIER <b>NAOMI SILVA</b>			
116. LICENSE NUMBER <b>03/27/2008</b>			
117. DATE mm/dd/ccyy <b>03/27/2008</b>			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>NAOMI SILVA, DEPUTY CORONER</b>			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
121. INJURY DATE mm/dd/ccyy <b>03/27/2008</b>			
122. HOUR (24 Hours) <b>0052</b>			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) <b>PLANT MANAGER</b>			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) <b>CHEMICAL MANUFACTURE</b>			
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP) <b>6255 PEACHY CANYON RD., PASO ROBLES, CA 93446</b>			
126. SIGNATURE OF CORONER / DEPUTY CORONER <b>NAOMI SILVA</b>			
127. DATE mm/dd/ccyy <b>03/27/2008</b>			
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274. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>NAOMI SILVA, DEPUTY CORONER</b>			
275. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>NAOMI SILVA, DEPUTY CORONER</b>			
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277. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>NAOMI SILVA, DEPUTY CORONER</b>			
278. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>NAOMI SILVA, DEPUTY CORONER</b>			
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281. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>NAOMI SILVA, DEPUTY CORONER</b>			
282. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>NAOMI SILVA, DEPUTY CORONER</b>			
283. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>NAOMI SILVA, DEPUTY CORONER</b>			
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289. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>NAOMI SILVA, DEPUTY CORONER</b>			
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291. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>NAOMI SILVA, DEPUTY CORONER</b>			
292. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>NAOMI SILVA, DEPUTY CORONER</b>			
293. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>NAOMI SILVA, DEPUTY CORONER</b>			
294. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>NAOMI SILVA, DEPUTY CORONER</b>			
295. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>NAOMI SILVA, DEPUTY CORONER</b>			
296. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>NAOMI SILVA, DEPUTY CORONER</b>			
297. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>NAOMI SILVA, DEPUTY CORONER</b>			
298. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>NAOMI SILVA, DEPUTY CORONER</b>			
299. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>NAOMI SILVA, DEPUTY CORONER</b>			
300. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>NAOMI SILVA, DEPUT</b>			

